

**Adult Targeted Case Management  
Provider Type 27  
907 KAR 1:515**

**Information about the program:**

- Provider must be a licensed Community Mental Health Center.
- Provider must contact OIG for survey.
- Provider can only be entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”.
- The facility administrator or director must sign all forms.
- Out-of-state providers may not enroll.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- License
- Medicare Letter
- W-9
- NPI and Taxonomy Verification

**Important addresses:**

- KY Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602